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WVUHealthcare

WVU Hospitals and University Health Associates

Morgantown, WV 26506  
LMR REPORT

MRN: 014302673

DOB: [REDACTED], Sex: M

Adm:12/22/2012, D/C:12/23/2012

**Admission Information - Hospital Account/Patient Record**

Arrival Date/Time:	12/22/2012 3:29 PM	Admit Date/Time:	12/23/2012 1:28 AM	IP Adm. Date/Time:	12/23/2012 1:28 AM
Admission Type:	Voluntary	Admission Source:	Wvu Physician Referral	Admit Category:	None
Means of Arrival:	Ambulance	Primary Service:	Adolescent Psych	Secondary Service:	None
Transfer Source:	Emergency Room Wvuh	Service Area:	Wvu	Unit:	Ed Ruby
Admit Provider:	Elswick, Daniel, MD	Attending Provider:	Elswick, Daniel, MD	Referring Provider:	Douglass, Melanie J, MSW

**Final Diagnoses**

Principal	Code	Name	POA	CC	HAC	Affects DRG
[P]	309.4	Adjustment disorder with mixed disturbance of emotions and conduct	Yes	CC		Yes
	V61.8AN	OTHER SPECIFIED FAMILY CIRCUMSTANCES	Exempt from POA reporting			

**Discharge Information - Hospital Account/Patient Record**

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
12/25/2012 12:34 PM	Home Patient Family Member Other	Chestnut Ridge	None	Ed Ruby

**Events**

Date/Time	Event	Pt Class	Unit	Room/Bed	Service
12/22/12 1529	ED Arrival		ED RUBY		
12/22/12 1536	ED Roomed	Emergency	ED RUBY	ER 6/ 6A	Emergency
12/23/12 0128	ED Transfer	Emergency	ED RUBY	OTF/OTF	Emergency
12/23/12 0128	Discharge	Emergency	ED RUBY	OTF/OTF	Emergency

**Allergies as of 12/23/2012**

Date Reviewed: 12/23/2012

No Known Allergies

**Current Immunizations**

Never Reviewed

No immunizations on file.

**Home Medication Documentation Review Audit (Reverse Chronological Order)**

Reviewed by Snyder, Erica L on 12/22/12 at 1546

Medication	Order	Taking?	Sig	Documenting Provider	Status	Last Dose
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\*\*No Medications to Display\*\*

**ED Course**

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LMR REPORT

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## ED Course (continued)

### ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type	Arrival Complaint
-	12/22/2012 3:29 PM	Urgent	Ambulance	Other (Mon EMS)	Emergency	Emergency	Behavioral problems

### ED Disposition

Transferred to Another Facility should be transferred out to CRH.

## ED Primary Note

### ED Provider Notes signed by Bozeman, Rachel F, MD at 12/24/12 1344

Author: Bozeman, Rachel F, MD	Service: (none)	Author Type: Resident
Filed: 12/24/12 1344	Note Time: 12/22/12 1617	Cosigner: Tadros, Allison, MD at 12/27/12 0722

The following note was written per dictation of Dr.Bozeman. Katya Aleshkevich, SCRIBE.

Attending: Dr.Tadros

CC: Behavioral Problems

### HPI

[REDACTED] is a 11 y.o. male reports to ED via EMS c/o behavioral problems. Pt states that his parents are going through a divorce. Pt currently lives with his father and sees his mother every other weekend. Pt is with his mother this weekend. Pt states that his mother has been pushing and shoving him around today and he ended up calling the police on her. The police came and talked to pt about "discipline vs abuse" and then left. After that the pt and mother continued to argue when the mother called EMS because she feels that he is a danger to himself and others.

When talking with the pt's mother she states that she is concerned for her and his sisters safety because pt has a hatchet that he plays with and was running around with it, and brandishing it menacingly. Pt states that he wants to go back to his fathers and stay there all the time. Pt is currently in counseling and scheduled to see psychiatry in the future. Mother states that pt is showing regressive behavior like sucking his thumb. Pt is still doing well in school. Denies any other sx and complaints. NKDA.

### Review of Systems

**Constitutional:** No fever, chills or weakness

**Skin:** No rash or diaphoresis

**HENT:** No headaches or congestion

**Eyes:** No vision changes

**Cardio:** No chest pain, palpitations or leg swelling

**Respiratory:** No cough, wheezing or SOB

**GI:** No nausea, vomiting or stool changes

**GU:** No urinary changes

**MSK:** No joint or back pain

**Neuro:** No seizures or LOC

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LMR REPORT

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## ED Primary Note (continued)

**Psychiatric:** No depression, SI or substance abuse  
**All other systems reviewed and are negative.**

History:

PMH:

### Past Medical History

Diagnosis

Date

- Motor tic disorder
- Right eye trauma  
*hit with compound bow string*
- Lichen striatus
- Juvenile xanthogranuloma
- Clavicular fracture  
*right*

9/7/11

age 2.5 yr

PSH:

### Past Surgical History

Procedure

Date

- Hx tonsillectomy
- Hx adenoidectomy
- Hx ear tubes

Social Hx:

Parents divorcing lives mostly with his father.  
Middle school student.

Family Hx:

### Family History

Problem

Relation

Age of Onset

- Eye Disease  
*keratoconus*
- Eye Disease  
*thin retinas*
- Migraines
- Bladder Problems
- Cancer
- Other  
*ENT problems*
- Heart Disease
- Digestive problems
- Respiratory Problems
- Hypertension

Maternal Grandfather

Mother

Mother

Allergies: No Known Allergies

Above history reviewed with patient, changes are as documented.

Physical Exam

Nursing notes reviewed.

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**ED Primary Note (continued)**

ED Triage Vitals		
Enc Vitals Group		
BP (Non-Invasive)	12/22/12 1537	110/70 mmHg
Heart Rate	12/22/12 1537	96
Respiratory Rate	12/22/12 1537	18
Temperature	12/22/12 1537	37.3 °C (99.1 °F)
Temp src	--	
SpO2-1	12/22/12 1537	95 %
Weight	12/22/12 1537	39.917 kg (88 lb)
Height	12/22/12 1537	1.448 m (4' 9")

**Constitutional:** NAD. Oriented

**HENT:**

Head: Normocephalic and atraumatic.

Mouth/Throat: Oropharynx is clear and moist.

Eyes: EOMI, PERRL

Neck: Trachea midline. Neck supple.

**Cardiovascular:** RRR. No murmurs, rubs or gallops. Intact distal pulses.

**Pulmonary/Chest:** BS equal bilaterally. No respiratory distress. No wheezes, rales or chest tenderness.

**Abdominal:** BS +. Abdomen soft, no tenderness, rebound or guarding.

**Musculoskeletal:** No edema, tenderness or deformity.

**Skin:** warm and dry. No rash, erythema, pallor or cyanosis

**Psychiatric:** appears anxious. He is lying quietly in bed. Makes appropriate eye contact. Denies SI or HI. Reports he gets angry and has been depressed and crying occasionally.

**Neurological:** Alert. CN 2-12 intact. Nml gait.

Course

**MDM**

**Impression/Plan:** [REDACTED] is a 11 y.o. male presenting with behavioral problems. Will contact psych and social work.

Medical Records reviewed

**4:35 PM**

Social Work consulted who will come down and evaluate pt for CPS referral.

**4:40 PM**

Psych consulted, who will evaluate pt.

**7:58 PM**

Mother recalled that pt might have a pocket knife in his pocket. When asked pt produced 3 pocket knives. These were taken put away in a safe place.

**8:30PM**

Psychiatry saw the patient and desired for him to be admitted to CRH for his safety. Dr. Corbitt of Behavioral Medicine called CPS.

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~~Blaise, Allison~~

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### ED Primary Note (continued)

Pt care transferred to Dr.D'Alonzo at the end of shift pending admission.

I have reviewed and verified the information in the above note is an accurate dictation of the information supplied to Katya Aleshkevich, ED Scribe.

Rachel F Bozeman, MD 12/24/2012, 1:38 PM

Electronically signed by Bozeman, Rachel F, MD at 12/24/2012 1:44 PM

Electronically signed by Tadros, Allison, MD at 12/27/2012 7:22 AM

### ED Resident Course Note

**ED Resident Course Note signed by D'Alonzo, Walter M, MD at 01/02/13 0243**

Author: D'Alonzo, Walter M, MD	Service: (none)	Author	Resident
Filed: 01/02/13 0243	Note Time: 12/22/12 2107	Type: Cosigner:	Monseau, Aaron Joel, MD at 01/02/13 0716

**Code Status: Full**

**No Known Allergies**

#### Filed Vitals:

	12/22/12 1537	12/22/12 1745	12/22/12 2028
BP:	110/70	98/54	103/62
Pulse:	96	90	81
Temp:	37.3 °C (99.1 °F)	36.9 °C (98.4 °F)	36.9 °C (98.4 °F)
Resp:	18	22	22
Height:	1.448 m (4' 9")		
Weight:	39.917 kg (88 lb)		
SpO2:	95%	97%	94%

**HPI:**  
In brief, patient is a 11 y.o. male who presents to the emergency department due to concerns for his safety and his mother's safety. Patient running around house with hatchet. Hoarding pocket knives. Patient claims mother is abusing him. Parents divorcing.

### Pertinent Exam Findings:

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Morgantown, WV 26506  
LMR REPORT

MRN: 014302673  
DOB: [REDACTED], Sex: M  
Adm: 12/22/2012, D/C: 12/23/2012

**ED Resident Course Note (continued)**

Wnl, no signs of abuse.

No si or hi

**Pertinent Imaging/Lab results:**

none

**Pending Studies:**

none

**Consults:**

Psych

peds

**Plan:**

Admit to peds for safety

After a thorough discussion of the patient including presentation, ED course, and review of above information I have assumed care of [REDACTED] from Dr. Bozeman at 9:07 PM

Walter M D'Alonzo, MD

**Course:**

Admitted to psychiatry.

Walter M D'Alonzo, MD 1/2/2013, 2:43 AM

**ED Attending Primary Note**

**ED Attending Note signed by Tadros, Allison, MD at 12/23/12 1028**

Author: Tadros, Allison, MD	Service: (none)	Author Type: Physician
Filed: 12/23/12 1028	Note Time: 12/22/12 1609	

**Note begun by: Allison Tadros, MD 12/22/2012, 4:09 PM**

I was physically present and directly supervised this patient's care. Patient seen and examined. Resident / Midlevel / NP history and exam reviewed. Key elements in addition to and/or correction of that documentation are as follows:

**HPI:** 11 y.o. male presents with chief complaint of behavioral problems. His parents are going through a divorce and he lives with his dad and sees his mom every other weekend. He is with his mom this weekend. They were interviewed separately. He says that his mom has been pushing him around. He called the police on his own. They came in and then left. Then he and his mom continued to argue and mom called the EMS because she was feeling threatened by him. He wants to stay with his dad all the time. He is in counseling and is supposed to see psychiatry in the near future. Mom says he is also showing regressive behavior like sucking

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Morgantown, WV 26506  
LMR REPORT

MRN: 014302673  
DOB: [REDACTED] Sex: M  
Adm: 12/22/2012, D/C: 12/23/2012

**ED Attending Primary Note (continued)**

his thumb. Is still doing well in school.

**PE :** VS on presentation: Blood pressure 110/70, pulse 96, temperature 37.3 °C (99.1 °F), resp. rate 18, height 1.448 m (4' 9"), weight 39.917 kg (88 lb), SpO2 95.00%. He is alert and in no distress. Heart RRR, lungs clear. No bruises or abrasions on him. abd nontender. He is cooperative.

**Data/Test :**

**Review of Prior Data :**

**Clinical Impression :** Behavioral changes

**MDM :**

**ED Course :**

**Plan :** Social services and psych contacted. Signed out with their evaluation in process.

**CRITICAL CARE :** None

Electronically signed by Tadros, Allison, MD at 12/23/2012 10:28 AM

**ED Attending Course Note**

**ED Attending Course Note signed by Monseau, Aaron Joel, MD at 12/29/12 2235**

Author:	Monseau, Aaron Joel, MD	Service:	(none)	Author	Physician
Filed:	12/29/12 2235	Note Time:	12/22/12 1800	Type:	

Parents going through divorce.  
Behavioral problems.  
Patient alleging abuse by mother.  
Mother alleging behavioral issues.  
Psych consulted.  
Social worker notified.

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**ED Attending Course Note (continued)**

Recs pending.

Admitted to chestnut ridge.

Electronically signed by Monseau, Aaron Joel, MD at 12/29/2012 10:35 PM

**ED Nurses Notes**

**ED Nurses Note signed by Snyder, Erica L at 12/22/12 1736**

Author:	Snyder, Erica L	Service:	(none)	Author Type:	Registered Nurse
Filed:	12/22/12 1736	Note Time:	12/22/12 1536		

Pt brought to room by EMS. Pt states that mother and father are going through divorce and mother had been punching him in the chest, pushing him to the floor, screaming in his face, confiscated his cell phone that his father bought for him and broke the house phone in her room when pt went to call his father. Pt states that she doesn't do these kinds of things to his younger sister just him. Pt called the police on his mother after the alleged abuse happened and the pt said that the police had a talk with him about the difference between abuse and discipline. Pt states that 1 hour after the police left his mother called the ambulance to come and get him. Dr. Tadros made aware of situation. Mother and sister are sitting outside of room at this time.

Electronically signed by Snyder, Erica L at 12/22/2012 5:36 PM

**ED Nurses Note signed by Snyder, Erica L at 12/22/12 1737**

Author:	Snyder, Erica L	Service:	(none)	Author Type:	Registered Nurse
Filed:	12/22/12 1737	Note Time:	12/22/12 1630		

Pt asked that I ask his mother if he could use his cell phone to call his dad. I asked the mother if the pt could have his cell phone and she said no. Mother and sister are sitting in room at this time.

Electronically signed by Snyder, Erica L at 12/22/2012 5:37 PM

**ED Nurses Note signed by Wright, Mark E, RN at 12/22/12 1918**

Author:	Wright, Mark E, RN	Service:	(none)	Author Type:	Registered Nurse
Filed:	12/22/12 1918	Note Time:	12/22/12 1918		

Patient pocket knives removed from person. x3 knives placed in bag on chart back.



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Adm: 12/22/2012, D/C: 12/23/2012

**ED Nurses Notes (continued)**

Electronically signed by Wright, Mark E, RN at 12/22/2012 7:18 PM

**ED Nurses Note signed by Snyder, Erica L at 12/22/12 2054**

Author: Snyder, Erica L	Service: (none)	Author Type: Registered Nurse
Filed: 12/22/12 2054	Note Time: 12/22/12 1730	

Pt resting in bed at this time watching tv. Pt offered food and drink and refused. Pt voiced no needs at this time.

Electronically signed by Snyder, Erica L at 12/22/2012 8:54 PM

**ED Nurses Note signed by Snyder, Erica L at 12/22/12 2101**

Author: Snyder, Erica L	Service: (none)	Author Type: Registered Nurse
Filed: 12/22/12 2101	Note Time: 12/22/12 1830	

Pt resting in bed. Mother in room 2 at this time. Pt given box lunch and drink. No needs verbalized at this time.

Electronically signed by Snyder, Erica L at 12/22/2012 9:01 PM

**ED Nurses Note signed by Snyder, Erica L at 12/22/12 2102**

Author: Snyder, Erica L	Service: (none)	Author Type: Registered Nurse
Filed: 12/22/12 2102	Note Time: 12/22/12 1930	

Psychiatry in pt room assessing pt at this time.

Electronically signed by Snyder, Erica L at 12/22/2012 9:02 PM

**ED Nurses Note signed by Snyder, Erica L at 12/22/12 2102**

Author: Snyder, Erica L	Service: (none)	Author Type: Registered Nurse
Filed: 12/22/12 2102	Note Time: 12/22/12 2030	

Pt resting in bed. Mother speaking to psychiatry. Pt verbalized no needs at this time.

Electronically signed by Snyder, Erica L at 12/22/2012 9:02 PM

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Morgantown, WV 26506  
LMR REPORT

MRN: 014302673  
DOB: [REDACTED] Sex: M  
Adm: 12/22/2012, D/C: 12/23/2012

**ED Nurses Notes (continued)**

**ED Nurses Note signed by Teegarden, Thomas, RN at 12/22/12 2209**

Author: Teegarden, Thomas, RN	Service: (none)	Author Type: Registered Nurse
Filed: 12/22/12 2209	Note Time: 12/22/12 2209	

Received report, assumed care of patient.

Electronically signed by Teegarden, Thomas, RN at 12/22/2012 10:09 PM

**ED Nurses Note signed by Teegarden, Thomas, RN at 12/22/12 2248**

Author: Teegarden, Thomas, RN	Service: (none)	Author Type: Registered Nurse
Filed: 12/22/12 2248	Note Time: 12/22/12 2247	

Resting on stretcher, offers no needs at this time

Electronically signed by Teegarden, Thomas, RN at 12/22/2012 10:48 PM

**ED Nurses Note signed by Teegarden, Thomas, RN at 12/22/12 2352**

Author: Teegarden, Thomas, RN	Service: (none)	Author Type: Registered Nurse
Filed: 12/22/12 2352	Note Time: 12/22/12 2352	

Labs and urine obtained and sent

Electronically signed by Teegarden, Thomas, RN at 12/22/2012 11:52 PM

**ED Nurses Note signed by Teegarden, Thomas, RN at 12/23/12 0056**

Author: Teegarden, Thomas, RN	Service: (none)	Author Type: Registered Nurse
Filed: 12/23/12 0056	Note Time: 12/23/12 0056	

Report to Cathy at CRC

Electronically signed by Teegarden, Thomas, RN at 12/23/2012 12:56 AM

**H&P Summary Notes**

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Adm: 12/22/2012, D/C: 12/23/2012

## H&P Summary Notes (continued)

H&P signed by Elswick, Daniel, MD at 12/23/12 2219

Author:	Elswick, Daniel, MD	Service:	(none)	Author Type:	Physician
Filed:	12/23/12 2219	Note Time:	12/22/12 2109		
Related Notes:	Original Note by: Corbitt, Caitlin E, MD filed at 12/23/12 0956				

### West Virginia University Hospitals Behavioral Medicine and Psychiatry History and Physical Evaluation

[REDACTED]  
014302673  
[REDACTED]

**Date of Service:** 12/22/2012

**Reason for Consult:** Behavioral Problem

**Requesting MD:** Monseau

**Information Obtained from:** Patient and Mother

**Chief Complaint:** "Don't Know."

#### Assessment:

AXIS I: Adjustment Disorder; Motor Tic (Facial) Disorder (resolved)

AXIS II: Deferred

AXIS III: None

AXIS IV: parents getting a divorce, does not enjoy visiting mother, stated mother is physically abusive and does not care for him properly when he visits, states mom refuses to talk to him at times

AXIS V: GAF: 45

#### Recommendations:

- Please place consult order
- Please obtain the following labs/studies CBC/diff, BMP, UDS, UA, TSH
- There are conflicting stories from the patient and his mother but both pose safety concerns. The patient's story raises concerns for his safety. The mother's story raises concern for her safety, her daughter's safety and the patient's safety. After consulting with the Child/Adolescent Fellow and Attending On Call it was determined that the best course of action at this time is to admit the patient to Chestnut Ridge Adolescent Unit to ensure his safety. After speaking with her therapist, her father, and a couple of friends the mother agreed with admission to CRC. Of note, when asked earlier in the evaluation if the patient could be sent home early to his father's she stated that her lawyer told her not to ever send him back early. His father assumes care of [REDACTED] Sunday at 9p. The mother has no concerns that the father is abusing [REDACTED] in anyway and feels he is safe at his father's. Her concerns are how the father manipulates [REDACTED] and drags him into the middle of the divorce. She feels [REDACTED] requires this admission for his safety and the safety of others but also for an assessment by a Child/Adolescent Psychiatrist regarding his anger outbursts and behavior problems.
- CPS was contacted by this writer. The operator on the CPS hotline (Kandi) took all the information and will be making a referral to Mon County CPS.
- The mother was asked to call and inform the father of the patient's admission. She was concerned about calling because she feared violent retaliation by her ex-husband. She called her lawyer while she was in the ER to discuss the situation and decided not to call her ex-husband. Given the wife's concerns for violence from the ex-husband it was decided to

Official Copy

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hold on informing the father of the patient's admission until morning when more staff and support was available. Also, given the complicated nature of the situation the primary objective was to ensure the safety of the patient overnight. The social worker and the attending on call agreed with waiting to call the father until morning.

**History of Present Illness:**

[REDACTED] is a 11 y.o. male brought to RMH ED by EMS. He is accompanied by his mother. The patient initially stated he did not know why he was in the ER. When asked if it was due to fighting with his mother he stated, "yes." He spends every other weekend with his mother and the rest of the time with his father. He does not like staying with his mother and wants to go back to his father's home. He is to go back to his father's 9p Sunday. He stated that his mom won't let him call his dad. He said his mother hits him and presses her forearm into his throat. The last time she hit him was earlier today. He stated when he stays with his mother she never comes out of her room. She locks the door, talks on the phone, and won't talk to him. He does not feel she cares for him appropriately when he is at her home. She does not tell him when to eat and he has to make breakfast in the morning. She also wakes up late making them late then blames him and his sister when it was her fault. He stated she yells at him for no reason. He stated he gets along with his father well and they have a good relationship. His father does not abuse him in anyway. He feels safe at his father's home and would prefer to stay there all the time.

Of note, it was difficult for the patient to give a clear timeline of events that led him to coming to RMH ED via EMS. He stated his mother hit him on the shoulder which caused him to knock into the TV, grabbed him by the shoulder, held him down by the shoulder and would not let him get up. He could not say why she did this. She then took his phone from him, locked herself in her car and would not talk to him. He then went to the bedroom to call the police. She came after him, took the phone from him and ripped the cord out of the phone. He then took her phone, ran outside, and called the police. The police arrived and told him that his mother was allowed to hit him for discipline. When the police left his mother then locked herself in her room and again would not talk to him. When she finally came out of her room she told him to get his stuff together so she could take him back to his dad's house. EMS then arrived and brought him here. He believes she tricked him by telling him to get his stuff together so she could call EMS. When asked about the pocket knives found in his possession by ED staff he said he has a knife collection and when his mom told him to get his stuff together to go back to his dad's he got the knives to take back to his dad's house. He stated his sister was also in the house during the events today. He stated she is not hear in the ED but with one of her mother's friends.

Regarding mood symptoms, he endorsed having a depressed mood and waking up in the middle of the night in cold sweats. He does not feel he is more irritable than normal or more easily upset than normal. He denied all other symptoms of depression. He denied SI, HI, AVH. He denied ever attempting suicide. He denied symptoms of mania.

He denied symptoms of anxiety and psychosis

He denied current or any history of sexual abuse. As stated above he believes his mother is physically abusing him and feels it is more than just disciplining. He denied all symptoms of PTSD except he had a nightmare recently in which his mother was yelling at him to do his homework and he woke himself up yelling, "I'm sorry." This dream has occurred once.

Regarding substance abuse, he denied using alcohol, nicotine, and illegal drugs. He denied misusing prescription drugs.

**Per mother (Of note, the mother was very circumstantial and tangential. It was difficult to get a clear timeline of events; she stated it was due to being ADHD, her medication wearing off, and being tired.)** She stated she is going through a difficult divorce. Her ex-husband was physically, sexually, emotionally, and mentally abusive towards her. Her ex-husband has always been more focused on [REDACTED]. When [REDACTED]'s sister ([REDACTED]) was born her now ex-husband said he would take [REDACTED] and she could take [REDACTED]. The two kids would never know each